State of California—Health and Human Services Agency
Department of Health Services

California Department of Health Services

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May 8, 2003

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

Letter No: 03-26

SUBJECT: MEDI-CAL COVERAGE FOR CHILDREN UNDER THE SAFE ARMS FOR NEWBORNS LAW – ABANDONED BABY PROGRAM
(Ref: Senate Bill 1368 (Chapter 824, Statutes of 2000); Department of Social Services All-County Letter No. 02-01; Department of Health Services (DHS) All County Welfare Director Letters (ACWDL's) 01-58 and 01-41)

This ACWDL is a follow-up to DHS implementation of the Abandoned Baby Program under the Safe Arms for Newborns Law. The law states that any child surrendered under the Safe Arms for Newborns Law pursuant to Section 1255.7 of Health and Safety Code shall be determined to be eligible for Medi-Cal under Section 14005.24 of the Welfare and Institutions Code. This law is specific to children under 72 hours old who are voluntarily surrendered to any employee on duty at a public or private hospital emergency room or any other additional location designated by the county board of supervisors. Medi-Cal eligibility will begin on the date physical custody is surrendered and ends on the last day of the month following the month in which the child was voluntarily surrendered.

Purpose of this Program

The purpose of this program is to provide a mechanism to ensure that health facilities that accept the surrendered newborns will be reimbursed for providing a health screening assessment and providing care for the newborns until they are returned to a responsible relative/caretaker or established in the foster care system.

There have been questions as to whether these newborn babies should be considered 'deemed eligible' for Medi-Cal. Deemed eligibility does not apply to the Abandoned Baby Program under the Safe Arms for Newborns Law because the newborn does not reside with the mother as provided by federal law. The law (Section 1902(e)(4) of the Social Security Act) provides that infants born to Medi-Cal mothers are deemed eligible for one year of continuous Medi-Cal benefits without a Medi-Cal application or a Social Security number, provided the newborn continues to live with the mother and the mother remains eligible or would remain eligible if pregnant.

The facility accepting a child who is voluntarily surrendered is required to provide a medical screening examination and any necessary medical care to the newborn. The facility must also provide the person surrendering custody a "SAFE ARMS FOR NEWBORNS" Medical Questionnaire (MC 356) (See enclosed) and a self-addressed postage paid return envelope. The questionnaire may be declined, voluntarily completed and returned at the time the child is surrendered, or later filled out and mailed in an envelope the facility provides for this purpose. The medical information questionnaire does not ask any identifying information other than the identification code provided on the ankle bracelet placed on the child. The identification code shall be entered on the line provided on the top right corner of the questionnaire prior to handing it to the surrendering person. The purpose of the questionnaire is to assist in providing the appropriate health care for the child.

A camera-ready copy of the questionnaire is enclosed for your use. This form is not available in the DHS warehouse at this time, as anticipated use is not expected to be significant. The DHS encourages all health facilities to use the form provided that was developed in partnership with the California Department of Social Services Children and Family Services Division and meets the needs of both departments, as well as the mandates of SB 1368.

County Medi-Cal Office Responsibility

The receiving health facility will contact the local Medi-Cal office or the on-site Medi-Cal eligibility person, no later than the next business day, to request and initiate a Medi-Cal application.

The county Medi-Cal office is responsible for completing the application and certifying Medi-Cal eligibility for these children on an immediate need basis. When Medi-Cal eligibility is established, the county shall provide the health facility with the information necessary to obtain reimbursement for care provided. Medi-Cal eligibility shall begin on the date the child is surrendered and will end on the last day of the month following the month of surrender. Eligibility may extend into the third month, based on the surrender date of the child. If the child is surrendered on the last day of any given month, there may be a need for the third month of coverage. Under no circumstances will coverage under this category extend past the end of the third month. It is expected that by this time the child will have been integrated into the foster care system or will have returned to a responsible relative who will assume responsibility for the child's health care needs.

Application Process

Upon notification by a health facility that a child has been abandoned under the Safe Arms for Newborn Law, the county eligibility staff will complete a "Request for Public Assistance." (SAWS 1) and "Application and Statement of Facts for Child Not Living with a Parent or Relative and for Whom a Public Agency is Assuming Some Financial Responsibility," (MC 250 December 1998) for the newborn. Please be aware that information will be very limited. The surrendering person is guaranteed confidentiality under the law and parent(s)' names may not be requested and are not necessary. Although the questionnaire does request some information, the questionnaire may be declined and the facility will have no factual information on the newborn.

Actual names and birth dates will likely be unavailable and the health facility identification information and estimated birth date will be used in establishing the Medi-Cal eligibility record. Health facilities may use names for identification purposes such as "Baby Doe 17" or "Abandoned Baby 23"; these are acceptable and usable on Medi-Cal Eligibility Data System. The eligibility for these children is guaranteed and shall be done as a confidential record and will be used only for the period of eligibility under the Safe Arms for Newborn Law. At the time the child either enters the foster care system or is placed with a responsible relative or caretaker, continuing eligibility for Medi-Cal, if necessary, will be established under normal program criteria.

As stated in ACWDL 01-58, it is assumed that the newborn is a United States citizen and a Statement of Immigration Status (MC 13) will not be required. Additionally, as the child's parents are not identified and the information cannot be requested, the Support Questionnaire (CA 2.1) and the Referral to the DA (CA 371) will not be required.

The case file will be established to provide a paper trail and should contain the following:

- SAWS1
- MC 250
- Abandoned Baby Health Questionnaire (if provided)

These children should be aided as medically needy under Abandoned Baby aid code 2A. ACWDL 01-58 provided interim instructions to the counties to use aid code 34 until aid code 2A became operational. Aid code 2A is now active and if the counties have existing abandoned baby cases established under any aid code other than 2A, they must change the aid code to 2A. Aid code 2A provides full scope benefits with no share of cost to children that were voluntarily surrendered within 72 hours of birth. This aid code is only for abandoned children up to age three months.

Surrendered newborn babies not covered under the Safe Arms for Newborns Law will be handled on a case-by-case basis using formerly established procedures. Examples of these cases are as follows:

Example 1

Well babies or babies needing medical care that are born in the hospital to a non-Medi-Cal mother and abandoned prior to the baby's release from the hospital are treated as a voluntary surrender to foster care. The newborn's date of birth and mother's name is known to the facility. These newborn babies will be put into aid code 82 following Medi-Cal regulations for medically indigent (MI) children.

Example 2

A non-Medi-Cal woman delivers a newborn that is severely disabled. The mother is discharged from the hospital but the child must stay. The child has medical bills but the mother's whereabouts are unknown. The hospital has notified child protective services but no agency is yet responsible. In this case, the county may apply for the child and fill out the Statement of Facts. The child would be aided with aid code 82 MI.

Example 3

A couple has privately agreed to adopt a newborn and pay the medical bills for the child's birth; however, the child is born with health problems and the bills are much higher than the couple had agreed to pay. The natural mother will not apply for Medi-Cal for the hospitalized child. Since the child is still in the hospital, he/she is the responsibility of the natural mother. The county should ask the mother if she wishes to place the newborn with a public agency and/or contact protective services. If the child is a ward of the court or the responsibility of a public agency due to a voluntary placement by the parent, he/she would be in his own Medi-Cal Family Budget Unit (MFBU). If an agency is assuming financial responsibility and continues to assume this responsibility after the child is discharged from the facility such as a child in foster care who is temporarily in acute or long-term care, the child would be MI and placed in aid code 45. If an agency is not assuming financial responsibility, the child would be coded as 82. The agency or person responsible for the child should complete the Statement of Facts. (See ACWDL 89-44.)

Example 4

A premature baby boy was born April 15 and weighed 2 pounds therefore meeting presumptive disability criteria based on low birth weight. He remained in the hospital until August 17 when he was discharged to his home. The county would determine his eligibility for the month of birth until the month after his release to the home based only on his own income and resources (April-August). In September he would be in the same MFBU with his parent(s) or caretaker relative and their income and resources would be included in the determination. (See ACWDL 93-87.)

Example 5

A Medi-Cal eligible woman delivers a well baby. The mother leaves the hospital leaving her baby in the hospital. The child has medical bills but the mother's whereabouts are unknown. The hospital has notified child protective services but no agency is yet responsible. In this case, the county may apply for Medi-Cal for the child and complete the Statement of Facts. The child should be placed in aid code 82 as MI.

If you have any questions, please contact Ms. Janeen Newby, of my staff at (916) 657-1248, or E-mail jjimenez@dhs.ca.gov.

Original signed by

Richard Brantingham for
Beth Fife,Chief
Medi-Cal Eligibility Branch

Enclosure

ID number: _____

"SAFE ARMS FOR NEWBORNS"
Medical Questionnaire

NOTICE: THE BABY YOU HAVE BROUGHT IN TODAY MAY HAVE SERIOUS MEDICAL NEEDS IN THE FUTURE THAT WE DON'T KNOW ABOUT TODAY. SOME ILLNESSES, INCLUDING CANCER, ARE BEST TREATED WHEN WE KNOW ABOUT FAMILY MEDICAL HISTORIES. IN ADDITION, SOMETIMES RELATIVES ARE NEEDED FOR LIFE-SAVING TREATMENTS. TO MAKE SURE THIS BABY WILL HAVE A HEALTHY FUTURE, YOUR ASSISTANCE IN COMPLETING THIS QUESTIONNAIRE FULLY IS ESSENTIAL.

ALL INFORMATION WILL BE CONFIDENTIAL AND WILL BE USED ONLY TO HELP CARE FOR THE BABY.

THANK YOU

1. Has the baby been named? ☐ Yes ☐ No
   If yes, what is the baby's name? _____
2. What was the date, time, and place of the baby's birth?
   Date: _____ Time: _____ Place: _____
3. How much did the baby weigh at birth? _____
4. Has the baby been breast-fed? ☐ Yes ☐ No
   If yes, how long? _____ When was the baby last fed? _____
5. Has the baby been fed baby formula? ☐ Yes ☐ No
   If yes, what is the name of the formula? _____
6. How long was the labor with this baby? _____
7. Did the birth mother see a doctor during this pregnancy? ☐ Yes ☐ No
   If yes, when did she first see the doctor? _____
   How many times during the pregnancy was the birth mother seen by a doctor? _____
8. Did a pediatrician examine the baby at birth? ☐ Yes ☐ No
9. Has a doctor seen the baby since its birth? ☐ Yes ☐ No
   If yes, when? _____
10. Did the birth mother smoke cigarettes during this pregnancy? ☐ Yes ☐ No
    If yes, how often? _____
11. Did the birth mother drink alcohol during this pregnancy? ☐ Yes ☐ No
    If yes, how often? _____
12. Did the birth mother take any over-the-counter or prescription medication during this pregnancy? ☐ Yes ☐ No
    If yes, what medications? _____ How often? _____
13. Did the birth mother use any illegal or "street" drugs during this pregnancy? ☐ Yes ☐ No
    If yes, what? _____ How often? _____
14. Has the birth mother been pregnant before? ☐ Yes ☐ No
    If yes, how many times? _____
    Were there complications with any of the pregnancies or births? ☐ Yes ☐ No
    Please explain: _____
15. What race/ethnicity are the baby's parents? Mother: _____ Father: _____
    Does the baby have Native American ancestry? ☐ Yes ☐ No
    If yes, what is the name of the tribe? _____

ID number: _____

Please tell us if the birth mother, birth father, or any of their relatives had or now have any of the medical conditions listed below.

TYPE OF ILLNESS	RELATIONSHIP TO THE CHILD (Mother, Father, Grandparent, Aunt, Uncle)	AGE ILLNESS BEGAN
☐ HIV or AIDS		
☐ Sexually transmitted disease What kind? _____		
☐ Cancer What kind? _____		
☐ Epilepsy		
☐ Mental Illness What kind? _____		
☐ High blood pressure		
☐ Heart disease		
☐ Diabetes		
☐ Cystic fibrosis		
☐ Kidney problems What kind: _____		
☐ Hearing, vision, or speech problems What kind? _____		
☐ Asthma		
☐ Tuberculosis		
☐ Sickle cell disease		
☐ Learning delays/special education What kind? _____		
☐ Allergies What kind? _____		
☐ Other What? _____		

Please provide any additional information that might help us provide the baby with the best health care now or in the future. (You may use an additional page.)

Número de identificación: _____

"BRAZOS QUE PROTEGEN A LOS RECIÉN NACIDOS"
Cuestionario para Medi-Cal

NOTIFICACIÓN: EL BEBÉ QUE HA TRAIDO HOY CON USTED PUEDA QUE TENGA SERIOS PROBLEMAS MÉDICOS EN EL FUTURO CUALES NO PODEMOS IDENTIFICAR HOY. ALGUNAS ENFERMEDADES, INCLUYENDO EL CANCER, PUEDEN SER TRATADAS MEJOR CUANDO CONOCEMOS MÁS ACERCA DE SU HISTORIA MÉDICA FAMILIAR. ADICIONALMENTE, ALGUNAS VECES SE NECESITAN LOS PARIENTES PARA TRATAMIENTOS QUE SALVAN LA VIDA. PARA ASEGURAR QUE ESTE BEBÉ TENGA UN FUTURO SALUDABLE, SU ASISTENCIA PARA LLENAR POR COMPLETO ESTE CUESTIONARIO ES INDESPENSABLE.

TODA INFORMACIÓN SERÁ CONFIDENCIAL Y SERÁ USADA SÓLO PARA AYUDAR AL BEBÉ.

GRACIAS

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1. ¿Se ha nombrado el bebé? ☐ Sí ☐ No
   ¿Si ya tiene nombre, cómo se llama? _____
2. ¿Cuál fué la fecha, la hora y el lugar del nacimiento del bebé?
   Fecha: _____ Hora: _____ Lugar: _____
3. ¿Cuanto pesó el bebé al nacer? _____
4. ¿Se la ha dado pecho al bebé? ☐ Sí ☐ No
   ¿Si le dió, por cuánto tiempo? _____ ¿Cuándo fué la ultima vez? _____
5. ¿Se le ha dado leche de polvo? ☐ Sí ☐ No
   ¿Si se la ha dado, cómo se llama la leche? _____
6. Cuántas horas tardó el parto con este bebé? _____
7. ¿Recibió la madre natural cuidado médico durante su embarazo? ☐ Sí ☐ No
   ¿Si fué, cúando fué la primera visita? _____
   ¿Cuántas veces durante el embarazo fué con el doctor para exámenes médicos? _____
8. ¿Fué examinado por un pediatra cuando nació el bebé? ☐ Sí ☐ No
9. ¿Desde que nació el bebé, lo ha examinado un doctor? ☐ Sí ☐ No
   ¿Si lo ha hecho, cuándo? _____
10. ¿Fumó cigarros la madre durante su embarazo? ☐ Sí ☐ No
    ¿Si lo hizo, por cuánto tiempo? _____
11. ¿Tomó la madre bebidas alcohólicas durante su embarazo? ☐ Sí ☐ No
    ¿Si lo hizo, cuántas veces? _____
12. ¿Tomó la madre medicinas durante su embarazo (sin o con receta del doctor)? ☐ Sí ☐ No
    ¿Si lo hizo, cuáles medicinas? _____ ¿Cuántas veces? _____
13. ¿Usó la madre drogas ilegales durante su embarazo? ☐ Sí ☐ No
    ¿Si lo hizo, cuáles uso? _____ ¿Cuántas veces? _____
14. ¿Ha estado la madre embrazada anteriormente? ☐ Sí ☐ No
    ¿Si ha estado, cuantas veces? _____
    ¿Tuvo algunas complicaciones con alguno de los embarazos? ☐ Sí ☐ No
    Por favor explique: _____
15. ¿Cuál raza/etnicidad son los padres del bebé? Madre: _____ Padre: _____
    ¿Tiene el bebé ancestría de Nativo-Americano? ☐ Sí ☐ No
    ¿Si tiene, cuál es el nombre de la tribu? _____

Número de identificación:_____

Por favor indíque si los padres naturales (madre o padre), o alguno de sus parientes tienen o han tenido cualquiera de las condiciones médicas apuntadas abajo.

TIPO DE ENFERMEDAD	RELACIÓN AL NIÑO(A)	EDAD QUE EMPEZÓ LA ENFERMEDAD
☐ HIV o SIDA		
☐ Enfermedades transmitidas sexualmente ¿Qué clase?_____		
☐ Cáncer ¿Qué clase?_____		
☐ Epilepsia		
☐ Enfermedad mental ¿Qué clase?_____		
☐ Alta presión		
☐ Enfermedad del corazón		
☐ Diabetes		
☐ Fibrosis cística		
☐ Problemas de los riñones ¿Qué clase?_____		
☐ Problemas de los ojos, de los oídos, o de hablar ¿Qué clase?_____		
☐ Asma		
☐ Tuberculosis		
☐ Enfermedad de células segaderas		
☐ Problemas con retraso en aprendizaje o instrucción especial ¿Qué clase?_____		
☐ Alergias ¿Qué clase?_____		
☐ Otras enfermedades ¿Qué es?_____		

Por favor provea cualquier información adicional que nos pueda ayudar a darle al bebé el mejor tratamiento de salud ahora y en el futuro. (Usted puede escribir al otro lado de esta página.)